

Skin Screening Health History

NAME:

PH:

E:

WHP will ensure the confidentiality of the personal information you provide here. Only the Practitioner and WHP will have access to this information for the purpose of conducting an onsite skin screen consultation, and for managing any recommended referrals. Please note, this is a screening consultation so you may be referred to your own Dr or Skin Cancer clinic should further action be recommended. Any referral information discussed with and provided to you by the Practitioner will remain private and not be shared with your employer. Only de-identified data will be used in any group or company report. WHP accepts no liability of any kind to you or anyone else for any personal injury, damages or loss arising out of any reliance or use of the information or product samples provided during the consultation. By accepting below, you acknowledge that your participation in the consultation and the use of the information provided is at your sole discretion & risk.

Please note that skin lesions can appear and change very quickly. If you notice any changes after your assessment, please see your GP or Skin Clinic as soon as possible.

I have read and understood the above statement and agree to its conditions. I give permission for my personal skin health information to be collected, used and disclosed as stated above.

☐ yes ☐ no

Have you ever been diagnosed with any form of skin cancer in the past?

☐ yes ☐ no

If yes, please indicate which type? (circle one)

Melanoma

Basal Cell Carcinoma

Squamous Cell Carcinoma

unsure

Year of diagnosis

Do you have any spots or blisters that have recently appeared, or changed in shape, size or colour?

☐ yes ☐ no

Are you an outdoor worker?

☐ yes ☐ no

How many hours PER WEEK do you spend outside when at work? (circle one)

0

1 to 5

5 to 10

10 to 20

20+

How many hours PER WEEK do you spend outside when not at work? (circle one)

0

1 to 5

5 to 10

10 to 20

20+

Is your workplace sun safety PPE (personal protective equipment) sufficient?

☐ yes ☐ no

Is your workplace PPE readily available and easily accessible?

☐ yes ☐ no

Do you wear sunscreen when at work?

☐ yes ☐ no

Do you wear hats and UV protective clothing at work?

☐ yes ☐ no

Do you wear sunscreen when not at work (ie: on weekends, rostered off)?

☐ yes ☐ no

Do you wear hats and UV protective clothing when not at work (ie: on weekends, rostered off)?

☐ yes ☐ no

Please list any known skin conditions

Do you have a family history of melanoma?

☐ yes ☐ no

Have you had a Skin Check before?

☐ yes ☐ no

Occupation

To which age bracket do you belong? (circle one)

18 - 24

25 - 39

40 - 59

60+

Do you have any feedback/recommendations for your Company's Sun Safety policy?
